| Household Last Name:   |   |  |  | Circle One: New Member / Renewal   |  |  |   |
|--|---|--|--|--|--|--|---|
| Street Address: Home Pt  |   | City:  |  | Zip:   |  |  |   |
|  |   | Home Phone:  |  | E-mail:  |  |  |   |
|  | First Name  |  |  | Date of Birth  | Age  | Gender<br>(Circle One)                     | Need Replacement<br>Key Fob? (Circle Yes or No)   |
| 1*   |   |  |  |  |  | M or F                                     | Yes or No   |
| 2*   |   |  |  |  |  | M or F                                     | Yes or No   |
| *Head  | s of Household (If two adults over the age o  | f 21 are included in   | n the membershi  | p, both must provide veri  | fication of residence                                      | cy)  |   |
| 3  |   |  |  |  |  | M or F                                     | Yes or No   |
| 4  |   |  |  |  |  | M or F                                     | Yes or No   |
| 5  |   |  |  |  |  | M or F                                     | Yes or No   |
| 6  |   |  |  |  |  | M or F                                     | Yes or No   |
| 7  |   |  |  |  |  | M or F                                     | Yes or No   |
| ✓  | Membership Add-On (Indicate total   |  |  |  | guests to their membership                                 |  |   |
|  | Membership Add-On: 1 or 2 guests  |  |  | package. Add-On guests are unnamed and are attached to the primary household for which the membership is purchased. Primary household members are responsible for the cards issued and the conduct of their guests while using the facilities. |  |  |   |
| by 8 p.r<br>Special<br>be the collease r<br>3800 Ve<br>of this | ded form and payment must be received on., Friday, March 20, 2015 to receive the discounted pricing. Checks with a currer only form of payment accepted for mail-in make checks payable to "City of Hilliard' terans Memorial Drive, Hilliard, Ohio 4302 form of payment serves as acknowledge on is true and accurate. | e Blue Splash at address will memberships. and send to 6. Submission | Membership<br>having to pa<br>into both fac  | y a \$5 replacement fee<br>silities. If you have lost o  | d each year. Keep<br>. All members mu<br>or forgotten your | ust present their key<br>key fob, you may: | n season to season to avoid<br>of ob at the gate to gain entrand<br>d enter your ID # from your key |
| Amount Due for Membership                                      |   |  | fob into the App. Our scanners are able to read the barcode directly from your phone.  • Pay the daily admission.  |  |  |  |   |
| Amount Due for Add-Ons   |   |  | <ul> <li>Purchase a \$5 replacement key fob at the Community Center (see facility hours on Page 2).</li> <li>We apologize for any inconvenience this may cause but ask for your understanding. Our office workers</li> </ul> |  |  |  |   |
| Amou   | nt Due for Replacement Key Fobs   |  |  | o look up your member<br>nience, frustration, or e   |  |  | st bring your key fob to avoid household members.   |
|  | Total Amount Due  | By signing b   | By signing below I attest that I have read and agree to the above policy.  |  |  |  |   |
| Income tax Paid 1/1-6/1/15:                                    |   |  | Primary Member Signature:  |  |  |  |   |